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CONFIRMATION NO. 3603

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| SERIAL NUMBER<br>10/700,175 | FILING DATE<br>11/03/2003<br><br>RULE | CLASS<br>250 | GROUP ART UNIT<br>2881 | ATTORNEY<br>DOCKET NO.<br>2000.088500 |
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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *none* *AB*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *none* *AB*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 02/11/2004

|   |   |                           |                        |                       |                            |
|---|---|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR<br>COUNTRY<br>TX | SHEETS<br>DRAWING<br>3 | TOTAL<br>CLAIMS<br>45 | INDEPENDENT<br>CLAIMS<br>4 |
|---|---|---------------------------|------------------------|-----------------------|----------------------------|

Verified and Acknowledged  
 Examiner's Signature \_\_\_\_\_ Initials *AB*

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 23720  
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 77042

TITLE  
 Fault detection and control methodologies for ion implantation processes, and system for performing same

|                                    |   |  |
|------------------------------------|---|--|
| FILING FEE<br><br>RECEIVED<br>1306 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue ) |
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